U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



3. Name and address of person filing. Anne Robert L Towe 4. Name, file number, and address of labor organization. Name Robert L. Towe Labor Organization File Number 026-015 P.O. Box, Bidg., Room No., if any Street 2447 Orlando Central Parkway City Orlando State Plorida ZIP Code + 4 32809 State Plorida ZIP Code + 4 32809 State Plorida ZIP Code + 4 32809 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. RO # 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	1. File Number U - 642-9	2. Fiscal Year Covered From:		
Name Robert L Towe Labor Organization File Number 026-015 P.O. Box, Bidg., Room No., if any Street 2447 Orlando Central Parkway Street 2447 Orlando Central Parkway City Orlando State Florida ZIP Code +4 32809 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. NO \$1. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount.		1 / 1 / 2004 Through: 12 / 31 / 2004		
P.O. Box, Bidg., Room No., if any P.O. Box, Bidg., Room No., if any Street 2447 Orlando Central Parkway Street 2447 Orlando Central Parkway City Orlando State Florida ZIP Code + 4 32809 A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an amployer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). 7.b. Amount.	Name and address of person filing.	Name, file number, and address of labor organization.		
P.O. Box, Bildg., Room No., if any Street 2447 Orlando Central Parkway Street 2447 Orlando Central Parkway City Orlando State Florida ZIP Code + 4 32809 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. NO # 7.a. Nature of Interest, Transaction, or Income.	Name Robert L Towe	Name Robert L. Towe		
Street 2447 Orlando Central Parkway City Orlando State Florida ZIP Code + 4 32809 State Florida ZIP Code + 4 32809 5. Position in labor organization. Business Agent Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.		Labor Organization File Number 026-015		
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State Florida ZIP Code + 4 32809 State Florida S	Street 2447 Orlando Central Parkway	Street 2447 Orlando Central Parkway		
5. Position in labor organization. Business Agent Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	City Orlando	City Orlando		
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount.	monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
P.O. Box, Bldg., Room No., if any 7.b. Amount.	S. Table Mid dedices of Ellipsych (historing date halls, it ally).			
P.O. Box, Bldg., Room No., if any 7.b. Amount.	Name			
7.b. Amount.	Trade Name, if any:			
	P.O. Box, Bldg., Room No., if any			
Street		7.b. Amount.		
	Street			
City				
	City			
State ZIP Code + 4	City			
Signature	·			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	State ZIP Code + 4	lature		

undersigned's knowledge and belief, true, correct, and complete. (See the se			ctions.)
1 2			
Signed Signed	On	08/02/2005	407-851-9240
		Date	Telephone Number
-		Lale	1 elebrio le 14milios

Name of Person Filing Robert Towe	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., If any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
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	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			